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MAJOR BLEEDING COMPLICATIONS IN PATIENTS WITH STEMI ACCOUNT FOR A DOUBLING IN HOSPITAL MORTALITY IN CLINICAL PRACTICE: LESSONS FROM THE EURO HEART SURVEY ACS REGISTRY

ACC Poster Contributions
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Background: Current ESC guidelines highlight the possible influence of bleeding complications on outcome of ACS. Little is known about the prevalence of major bleeding complications in STEMI in clinical practice.

Methods: Between Oct 2006 to Oct 2008, 21,582 consecutive patients with ACS were enrolled into the ACS-Registry of the Euro Heart Survey Programme to document treatment and hospital complications. We examined the impact of major bleeding complications (bleeding with drop in haemoglobin >5g/dl or haematocrit > 15%) on hospital outcome of STEMI in Europe.

Results: Of 8,732 patients with STEMI, 281 (3.2%) had major bleeding complications. Patients with major bleedings were older, more often female and more often received PCI as well as treatment with GP IIb/IIIa blockers than patients without bleeding complications. Predominant location of bleeding was puncture site for the coronary intervention (52.6%). Hospital mortality was significantly higher in patients with major bleeding even after correction for differences in baseline-characteristics and treatment (OR 2.18, 95% CI 1.45-3.29).

Conclusion: Major bleeding complications in patients with STEMI in clinical practice in more than 50% were bleedings at the puncture site for the coronary intervention. Major bleeding independently was associated with doubled hospital mortality.

	Major bleeding n=281	No major bleed n=8451	p-value
Age [years]	69	64	< 0.01
Female Gender	36.7 %	15.0 %	<0.01
Prior MI	14.3 %	29.6 %	ns
Prior PCI	8.5 %	8.3 %	ns
Prior Bypass	1.4 %	2.1 %	ns
Prior Stroke	6.1 %	5.2 %	ns
Diabetes mellitus	23.7 %	21.9 %	ns
Renal Failure	4.7 %	4.1 %	ns
Fibrinolysis	23.8 %	24.5 %	ns
Primary / Rescue PCI	82.2 %	65.8 %	<0.01
GP IIb/IIIa	46.2 %	31.7 %	<0.01
ASA	96.8 %	95.6 %	ns
Clopidogrel	87.2 %	86.4 %	ns
LMW-Heparin	45.0 %	41.9 %	ns
Unfr. Heparin	76.1 %	75.6 %	ns
Hospital Mortality	14.2 %	7.1 %	<0.01